

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

9555

CERTIFICATE OF DEATH

09546

1. PLACE OF DEATH a. COUNTY So merset		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. STATE MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN 1b 31 years	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Asbury Avenue		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield	
3. NAME OF DECEASED (Type or print) JOHN MILTON ANDREWS		First JOHN	Middle MILTON
4. DATE OF DEATH August 31, 1961		Lost 1	Month Day Year IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH July 30, 1904
9. AGE (In years last birthday) 57 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer	
11. KIND OF BUSINESS OR INDUSTRY Cutlery Mfg.		12. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME John Andrews		14. MOTHER'S MAIDEN NAME Ann Warner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, or unknown) No		16. SOCIAL SECURITY NO. 215-05-7043	
17. INFORMANT Mrs. Evelyn B. Andrews-- Crisfield, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 331X DUE TO Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1/2 hr.	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO Hypertension arteriosclerosis		yes -	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>	20e. PLACE OF INJURY (Name, form, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from Aug. 31 to Aug. 31 , 1961, that (I) (we) last saw the deceased alive on Aug. 31 , 1961, and that death occurred at 11 A.M. from the causes and on the date stated above.		22b. DATE SIGNED 9-2-61.	
22a. SIGNATURE C. G. Rawley		ATTENDING M.D. PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	22b. ADDRESS Main St. — Crisfield, Md.
22c. PHYSICIAN'S NAME (Type) C. G. Rawley, M.D.		23d. LOCATION (City, town, or county) Crisfield, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF Sept. 3, 1961	23c. NAME OF CEMETERY OR CREMATORIAL Sunnyridge Cemetery
24. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons -- Crisfield, Md.		ADDRESS	25a. REC'D BY REGISTRAR DATE SEP 6 '61
			25b. REGISTRAR'S SIGNATURE Arthur S. Thomas

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 09547

1. PLACE OF DEATH a. COUNTY SOMERSET		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISFIELD		c. LENGTH OF STAY IN lb Lifetime		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND		b. COUNTY SOMERSET		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ED.W. MCCREADY MEMORIAL HOSP.		d. STREET ADDRESS 203 LAIRD AVENUE		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print)	First WILLIAM	Middle HANCE	Last BYRD	4. DATE OF DEATH AUGUST 16 1961	Month AUGUST	Day 16	Year 1961			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH August 6, 1901	9. AGE (In years last birthday) 60 yrs.	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0	12. IF UNDER 24 HRS. Hours 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY City Water Works		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME WILLIAM H. BYRD			14. MOTHER'S MAIDEN NAME CORA MARSHALL							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW 2 220-10-8411		INFORMANT ELEANORA BYRD, CRISFIELD, MARYLAND		Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF RIGHT LUNG DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) With metastasis DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH 1 year.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)				
21. I certify that I attended the deceased from 7-13 , 19 61 , to 8-16 , 19 61 , that I last saw the deceased alive on 8-16-61 , 19 61 , and that death occurred at 10:20 AM from the causes and on the date stated above. ACTUAL SIGNATURE <i>Charles H. Lithgow</i> M.D.								ADDRESS (Street, city or town, state) Crisfield, Md.	DATE SIGNED 8-16-61	
PHYSICIAN'S NAME (Type)		C. H. LITHGOW, M.D.						CRISFIELD, MARYLAND		
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Aug. 18, 1961		22c. NAME OF CEMETERY OR CREMATORIUM Sunnyridge Cemetery		22d. LOCATION (City, town, or county) Crisfield, Md.		(State)		
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons, Crisfield, Md.				ADDRESS		24a. REC'D BY REGISTRAR DATE AUG 21 '61		24b. REGISTRAR'S SIGNATURE Arthur S. Knapp		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death. It may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/58

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1000, 5000

1000-8

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

FOR STATE
HEALTH DEPT.

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TO DEPUTY RADICAL EXAMINE his certificate should be executed within 24 hours after death. [REDACTED] necessary, [REDACTED] please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page

4 should be forwarded to the Chief Medical Examiner's Office along with form PW3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health.

15ME
9/60

VS. AISME
5M 9/60

1. PLACE OF DEATH

955 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY X Somerset		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne		c. LENGTH OF STAY IN lb		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Princess Anne			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 124 S. Somerset Avenue				d. STREET ADDRESS 124 S. Somerset Avenue			
3. NAME OF DECEASED (Type or print)		First Charles	Middle Morris	Last Dashiell	4. DATE OF DEATH August 11, 1961	Month Day	Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED <input type="checkbox"/>	NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 22, 1914	9. AGE (In years at birthday) 47 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clothing Store		10b. KIND OF BUSINESS OR INDUSTRY Owner		11. BIRTHPLACE (State or foreign country) Maryland			
13. FATHER'S NAME Dale Dashiell				14. MOTHER'S MAIDEN NAME Susan Shrieves			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 214-32-669		17. INFORMANT Mrs. Charles Dashiell - 124 S. Somerset Ave.		Address Princess Anne, Md.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Heart Disease				INTERVAL BETWEEN ONSET AND DEATH sudden			
Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last. 420.1		DUE TO (b) 		DUE TO (c) 			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>							
ACTUAL SIGNATURE <i>R. H. Johnson</i>		CHIEF MEDICAL EXAMINER <input type="checkbox"/>					
EXAMINER'S NAME (Type) R. H. Johnson, M.D.		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>					
22e. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 8/14/61		22c. NAME OF CEMETERY OR CREMATORIAL Manokin Cemetery		22d. LOCATION (City, town, or country) (State) Princess Anne, Somerset, Maryland	
23. FUNERAL DIRECTOR		ADDRESS Hill & Johnson Co. Salisbury, Md.		24a. REC'D BY REGISTRAR DATE AUG 17 '61		24b. REGISTRAR'S SIGNATURE <i>Chase</i>	

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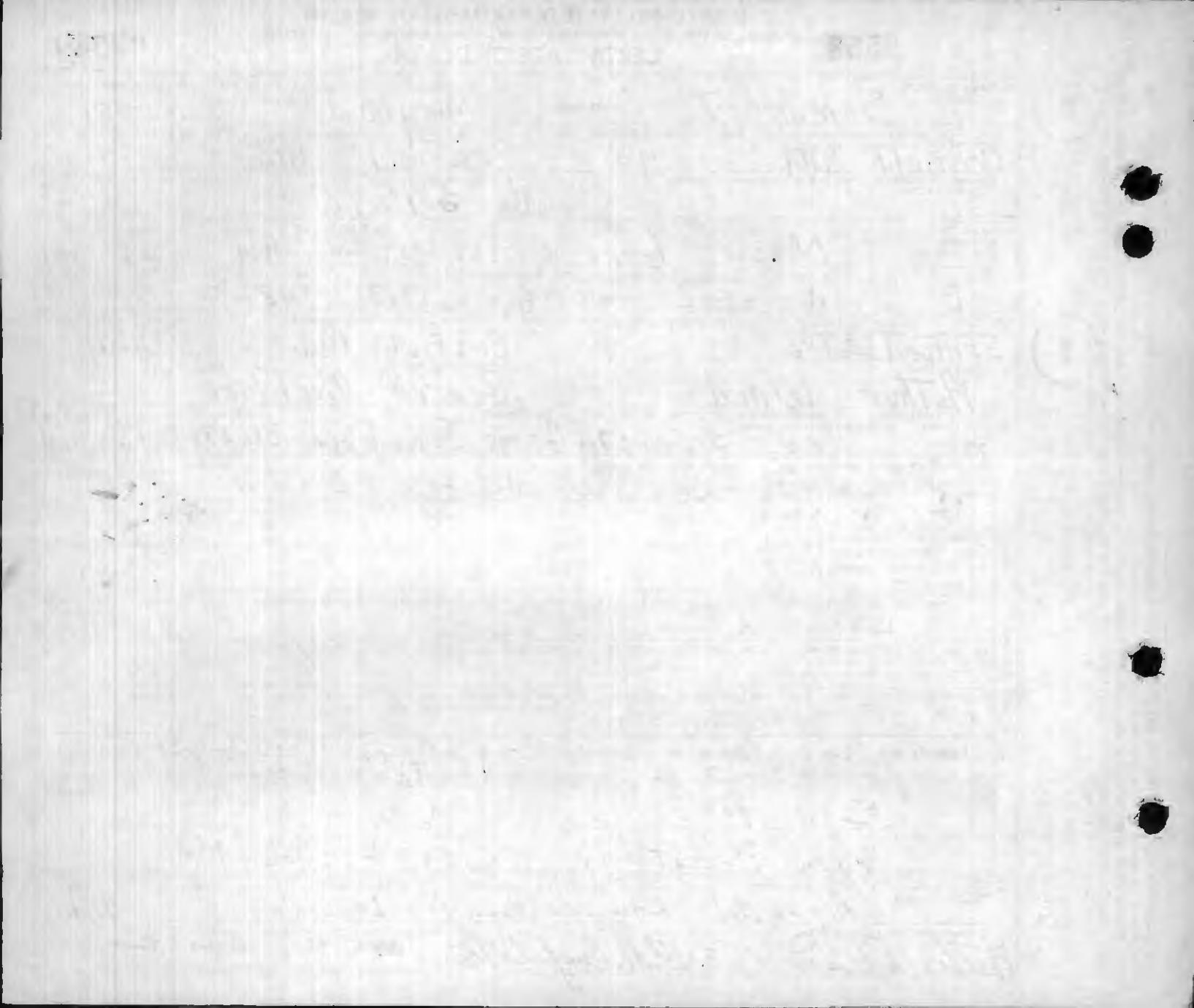
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. This certificate has been signed by the attending physician and completely filled in by the funeral director. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours of death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

09549

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE					
Somerset		Maryland					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN lb 48					
Crisfield Md.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield Md X					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS Box 681 Crisfield Md					
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print)		First	Middle				
Mable		Geneva	Douglas				
4. DATE OF DEATH		Month	Day Year				
Aug 22		1961					
5. SEX		6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday) 48 yrs.	10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
F		W		Aug. 6, 1913	48 yrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Crisfield Md.		
Seafood Worker					12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME Geneva Norfleet				
Arthur Ward							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		Address	
no		215-05-5712		George Judus Epps		Box 681 Crisfield Md	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio & Clavicle Heart Disease						8 L -	
42000 DUE TO							
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b)							
DUE TO							
(c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Large Bl. Lowered Tissue						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from Aug 21, 1961, to Aug 21, 1961, that (I) (we) last saw the deceased alive on Aug 21, 1961, and that death occurred at Crisfield Md, from the causes and on the date stated above.							
22a. SIGNATURE		M.D.		ATTENDING PHYS. <input type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22b. DATE SIGNED
S. A. Peigton							
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS Crisfield Md					
S. A. Peigton							
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE THEREOF		23c. NAME OF CEMETERY OR CREMATORIAL LAWSONIA (Asbury)		23d. LOCATION (City, town, or county) Lawsonia Md	
Aug 26, 1961							
24. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		25a. REC'D. BY REGISTRAR DATE 05 '61		25b. REGISTRAR'S SIGNATURE C. E. Keane	
Anthony E. Ward 11/2 S. 4th St. Crisfield Md							



TO HOSPITAL OR PENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4
 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it may be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

9559

119550

1. PLACE OF DEATH a. COUNTY Somerset		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Somerset		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Pocomoke City		c. LENGTH OF STAY IN 1b 12 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Pocomoke City		d. STREET ADDRESS R.F.D. 1		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION R.F.D. 1				d. STREET ADDRESS R.F.D. 1		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) WILLIAM HENRY DRYDEN		First	Middle	Lost	4. DATE OF DEATH Aug. 21, 1876	Month	Day	Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 21, 1876	9. AGE (In years last birthday) 85 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. Year Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William Thomas Dryden		14. MOTHER'S MAIDEN NAME Nancy Ellen Collins						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] No		16. SOCIAL SECURITY NO. 218-12-1648		17. INFORMANT Mrs Florence Dryden, Pocomoke City, Md.		Address R.F.D. 1		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema						INTERVAL BETWEEN ONSET AND DEATH 3 days		
420.0 Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO		Atherosclerotic heart disease (c) DUE TO				years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Bronchiectasis, chronic. Pulmonary emphysema.								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour a. m. p. m.	Month 19	Day	Year	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on Aug. 23, 1961 , and that death occurred at 4:00 pm from the causes and on the date stated above.		June 15 1961 to August 23, 1961						
22a. SIGNATURE Charles W. Trader		22b. DATE SIGNED Aug. 24, 1961						
22c. PHYSICIAN'S NAME (Type) Charles W. Trader, M.D.		22d. ADDRESS 302 Market St., Pocomoke City, Md.						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 8-27-61		23c. NAME OF CEMETERY Remson Methodist		23d. LOCATION (City, town, or county) Rural-Pocomoke City, Md.		
24. FUNERAL DIRECTOR'S SIGNATURE Henry H. Watson		ADDRESS Pocomoke City, Md.		25a. REC'D BY REGISTRAR DATE AUG 28 '61		25b. REGISTRAR'S SIGNATURE Charles W. Trader		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9560

CERTIFICATE OF DEATH

Reg. Dist. No. 09551

1. PLACE OF DEATH a. COUNTY Somerset		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rumbley		b. COUNTY Somerset	
c. LENGTH OF STAY IN 1b 49 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rumbley	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 		d. STREET ADDRESS 	
		e. IS RESIDENCE ON A FARM YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First MYRTIE	Middle HOLLAND	Last MEREDITH	4. DATE OF DEATH Aug. 31, 1961	Month Day Year
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5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH March 18, 1882	9. AGE (In years last birthday) 79 yrs	10. IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min
WIDOWED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME James Holland	14. MOTHER'S MAIDEN NAME Margaret Ford		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) 	16. SOCIAL SECURITY NO.	17. INFORMANT Elmer Meredith Rumbley, Maryland	Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH 2 hours
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 44 SX DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. (b) DUE TO (c)	Cerebral Vascular Hemorrhage
	Hypertensive Cardiovascular disease y a rs

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) generalized arteriosclerosis	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)

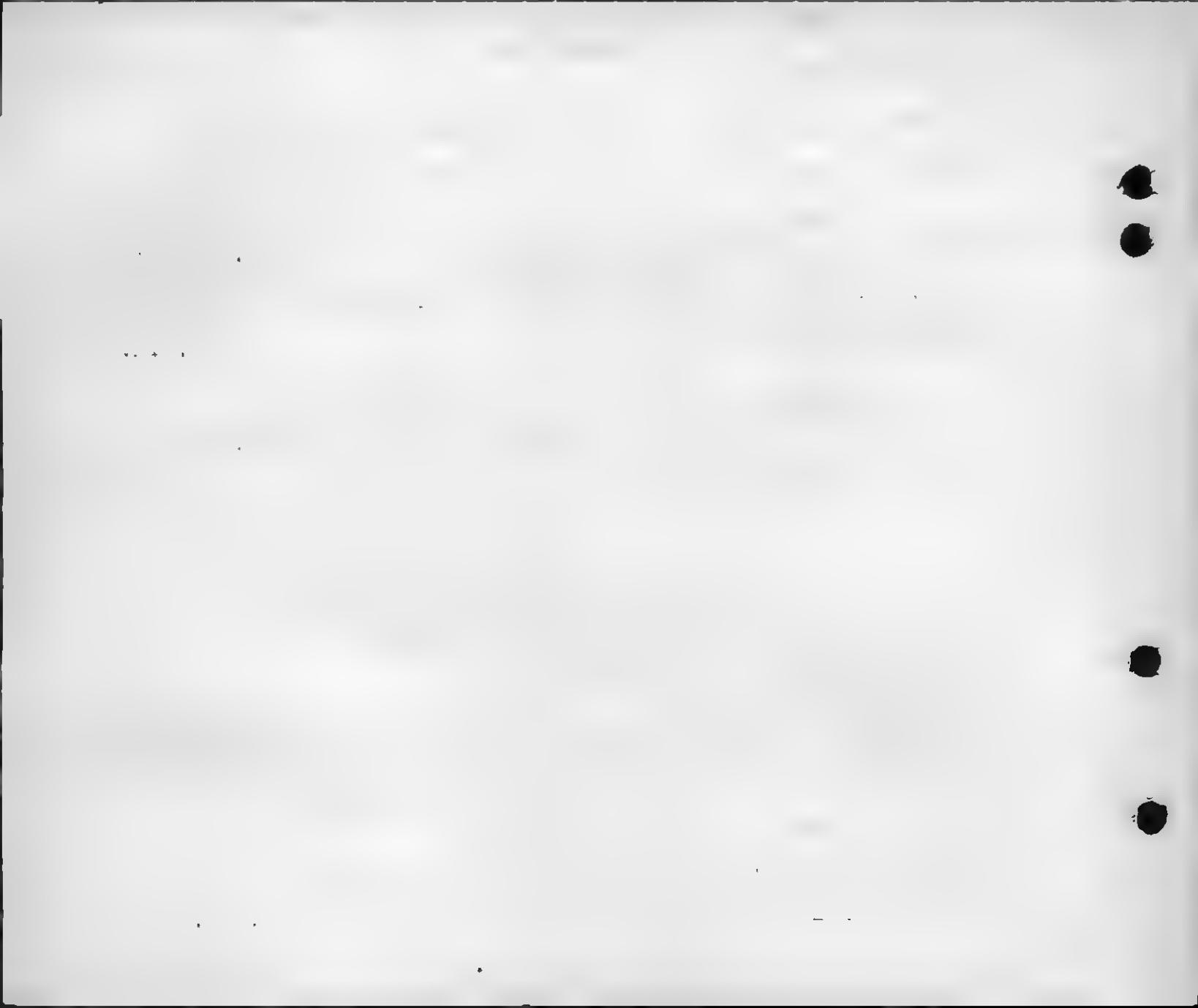
21. I certify that I attended the deceased from Aug. 31 , 1961, to Aug. 31 , 1961, that I last saw the deceased alive on Aug. 31 , 1961, and that death occurred at 11 P.M. from the causes and on the date stated above.	
ADDRESS (Street, city or town, state) Dunes Charter, Maryland	DATE SIGNED 9-1-61

ACTUAL SIGNATURE Meritt H. Miller	PHYSICIAN'S NAME (Type) Meritt C. Miller
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22a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	22b. DATE THEREOF 9-3-1961	22c. NAME OF CEMETERY OR CREMATORIUM Fairmount Cemetery	22d. LOCATION (City, town, or county) Fairmount, Md.
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23. FUNERAL DIRECTOR'S SIGNATURE Levin R. Wilson	ADDRESS Princess Anne, Md.	24a. REC'D BY REGISTRAR DATE SEP 6 '61	24b. REGISTRAR'S SIGNATURE Arthur S. Kraus
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
may be retained by the hospital or other physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it may be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours of the death.



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "Pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

VS. A15ME(5)
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9561 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

99552

1. PLACE OF DEATH a. COUNTY Somerset		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Md. b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne		c. LENGTH OF STAY IN 1b Princess Anne	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) Florence Edward Miller		4. DATE OF DEATH Month August Day 8 Year 1961	e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 16, 1911
9. AGE (In years (at birthday) 50 yrs.		10. IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	11. IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Maryland	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Edward Waters		14. MOTHER'S MAIDEN NAME Martha Austin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT William P. Miller, Princess Anne, Md.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		Address	
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>7/25X</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b)		INTERVAL BETWEEN ONSET AND DEATH instant	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Automobile Accident	
20c. TIME OF INJURY Hour 1:30 Min. 8 Sec. 2 Date 8-8-1961		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) 101.13 & 362
20f. (City or town) Princess Anne-Somerset-Maryland		(County) (None) (State) (None)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE <i>R. H. Johnson</i>		DATE SIGNED 8/9/61	
EXAMINER'S NAME (Type) R. H. Johnson, M.D.		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 8/10/1961	
22c. NAME OF CEMETERY OR CREMATORIAL Oriole		22d. LOCATION (City, town, or county) (State) Oriole, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE <i>James L. Newman</i>		24a. REC'D BY REGISTRAR DATE AUG 15 '61	
ADDRESS Princess Anne, Md.		24b. REGISTRAR'S SIGNATURE <i>James L. Newman</i>	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9562

CERTIFICATE OF DEATH

Reg. Dist. No. 49553

1. PLACE OF DEATH a. COUNTY Somerset		MARYLAND		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE Maryland		b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Station		c. LENGTH OF STAY IN lb 1 Week		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Station			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First Elmer	Middle Purnell	4. DATE OF DEATH	Month Aug	Day 6	Year 1961
S. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12/23/1903	9. AGE (In years last birthday) 57 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Handy Man		10b. KIND OF BUSINESS OR INDUSTRY Hotel		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Henry Purnell		14. MOTHER'S MAIDEN NAME Sarah Jones					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 216-05-3806		17. INFORMANT Lucy White Princess Anne, Maryland		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Myocardial Infarction						INTERVAL BETWEEN ONSET AND DEATH Ten minutes Known 2 weeks	
HAD Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO Arteriosclerosis (that I never (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Diabetes Mellitus						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 7/27, 1961, to 8/6, 1961, that I last saw the deceased alive on 7/31, 1961, and that death occurred at 11 A. M. from the causes and on the date stated above.						ADDRESS (Street, city or town, state) Crisfield, Md.	
ACTUAL SIGNATURE A. N. BARR, M.D.						DATE SIGNED 8/8/61	
PHYSICIAN'S NAME (Type)							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 8/9/61		22c. NAME OF CEMETERY OR CREMATORIAL St. Paul		22d. LOCATION (City, town, or county) (State) Rehoboth Beach, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE William H. James Jr. Princess Anne, Md.		ADDRESS Princess Anne, Md.		24a. REC'D BY REGISTRAR DATE AUG 10 '61		24b. REGISTRAR'S SIGNATURE Arthur S. Kline	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

9563

Reg. Dist. No.

09554

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "Pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

1. PLACE OF DEATH a. COUNTY Somerset		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne		c. LENGTH OF STAY IN lb		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Delaware		b. COUNTY Sussex	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seaford, Del.		d. STREET ADDRESS 46x-3		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Charles V. Records		First	Middle	Last	4. DATE OF DEATH Aug. 8	Month	Day	Year 1961	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH July 12, 1904	9. AGE (In years last birthday) 57 yrs.	10. IF UNDER 14 YEARS Months	11. IF UNDER 24 HRS. Days	12. IF UNDER 24 HRS. Hours	13. IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) painter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Seaford, Del.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Herbert Record		14. MOTHER'S MAIDEN NAME Martha E. Lawrence							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) World War 2		16. SOCIAL SECURITY NO. 222-03-633		17. INFORMANT Herbert B. Record 1618 Ward St.		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured skull, facial bones, fractured		DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. cervical vertebra, fractured right leg just below knee.		Chester, Pa.		INTERVAL BETWEEN ONSET AND DEATH Instant			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. EXTERNAL CAUSE WAS PRIMARILY or CONTRIBUTING CAUSE OF DEATH. Automobile Accident		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Automobile Accident							
20c. TIME OF INJURY Month, Day, Year 1:30 AM 8-8-61		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not white at work <input checked="" type="checkbox"/> of work		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Jct. 13 & 362		20f. (City or town) Princess Anne-Somerset-Maryland		(County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspectian <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>									
ACTUAL SIGNATURE <i>R. H. Johnson</i>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED 8/9/61			
EXAMINER'S NAME (Type) R. H. Johnson, M.D.		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> Princess Anne, Maryland							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Aug 10-61		22c. NAME OF CEMETERY OR CREMATORIAL Odd Fellows		22d. LOCATION (City, town, or county) Seaford		(State) Delaware	
23. FUNERAL DIRECTOR'S SIGNATURE <i>Harry E. Darby</i>		ADDRESS Seaford, Del.		24a. REC'D BY REGISTRAR Arthur S. Dunn		24b. REGISTRAR'S SIGNATURE Arthur S. Dunn			
VS. A1SM(E5) SM 9/55		DATE AUG 11 '61							

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TO HOSPITAL ATTENDING PHYSICIAN The law requires that the death certificate be executed within 24 hours of the death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

119555

9564		Item 9 Film 0293	8/30/61	1.WK
1. PLACE OF DEATH a. COUNTY SOMERSET		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISFIELD		c. LENGTH OF STAY IN 1b 29 DAYS		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISFIELD
d. NAME OF HOSPITAL (If not in hospital, give street address) E.W. McCREADY MEMORIAL HOSP.		d. STREET ADDRESS 1 709 MAIN STREET		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) HOWARD CROWSON		First HOWARD	Middle CROWSON	Last SCOTT
4. DATE OF DEATH AUGUST 23 1961	Month Day Year			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	B. DATE OF BIRTH Oct 2, 1915	9. AGE (In years last birthday) 45 1/2 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ACCOMACK Co. Va.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME WILLIAM T. SCOTT		14. MOTHER'S MAIDEN NAME OLIVIA BRADFORD		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN		16. SOCIAL SECURITY NO.	17. INFORMANT	Address
HOSPITAL RECORDS				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 199X DUE TO Topic Myocarditis INTERVAL BETWEEN ONSET AND DEATH 2 days				
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Choriocarcinoma of abdomen with (c) metastasis Unknown				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Month Day Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from 7/25 1961 to AUG 23 1961 that (I) (we) last saw the deceased alive on AUG 23 1961 , and that death occurred at 4:00 AM the causes and on the date stated above.				
22a. SIGNATURE A.N. Barr, M.D.		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	22b. DATE SIGNED 8-23-61	
22c. PHYSICIAN'S NAME (Type) A.N. Barr, M.D.		22d. ADDRESS MAIN STREET, CRISFIELD, MD.		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE THEREOF 8-24-61	23c. NAME OF CEMETERY OR CREMATORIUM WACHAPREAGUE CEMETERY	23d. LOCATION (City, town, or county) (State) WACHAPREAGUE, VIRGINIA
24. FUNERAL DIRECTOR'S SIGNATURE John T. Williams		ADDRESS ONANCOCK, VA.	25a. REC'D BY REGISTRAR AUG 28 '61	25b. REGISTRAR'S SIGNATURE C. Williams

